
Name of party Submitting

Address of party Submitting

Phone of party Submitting

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

PROVIDER,

v.

PAYOR.

**RESPONSE TO MOTION FOR
APPROVAL OF DISPUTED CHARGE**

**PATIENT:
SOC. SEC. NO:
DATE(S) OF SERVICE:**

COMES NOW _____, Payor, pursuant to Judicial Rule XIX, Judicial Rules of Practice and Procedure, and responds to the Motion for Approval of Disputed Charge filed by Payor in this matter.

(Insert argument and discussion here. Payor should include any appropriate discussion. Payor should also submit any affidavits or documents in support of its response).

DATED this _____ day of _____, 200__.

Signature of Authorized Agent

CERTIFICATE OF SERVICE

I hereby certify that on the ____ Day of _____, _____, a true and correct copy of this Motion for Approval of Disputed Charge was served by upon each of the following, as noted:

IDAHO INDUSTRIAL COMMISSION
MEDICAL FEE DISPUTE COORDINATOR
PO BOX 83720
BOISE, ID 83720-0041

US Mail	_____
Hand Delivery	_____
Fax	_____

Other Party's Address:

US Mail	_____
Hand Delivery	_____
Fax	_____

Signature of Authorized Agent

APPENDIX A
MOTION FOR APPROVAL OF DISPUTED CHARGE

Date of Service	CPT Code / Item Description (CPT Code is preferred)	Amount Billed	Amount Paid	Amount Objected to

APPENDIX B

AFFIDAVIT OF USUAL AND CUSTOMARY

I, _____, hereby attest and certify that:

1. I have personal knowledge of the information stated in this Affidavit, and it is true and accurate to the best of my information and belief.
2. The charges listed in Appendix A arose from medical services for an industrial injury under the Idaho Workers' Compensation law.
3. The charges listed in Appendix A are this Provider's most frequent charge(s) for the item(s) listed.
4. These charges are the same for all patients, whether industrially injured or not.
5. Attached hereto, or set out below, is: (check one)
_____ an accurate copy of our standard fee schedule for the items in Appendix A, (or)
_____ bills for other patients, non-industrially injured, for the same service/treatment/charge.

DATED This _____ day of _____, _____.

Authorized Agent